



# TRANSMITTAL FORM

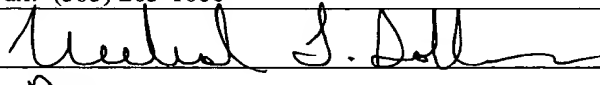
(to be used for all correspondence after initial filing)

|   |                             |                               |                    |
|---|-----------------------------|-------------------------------|--------------------|
| <b>Application Number</b>                       | 09/879,248                  |                               |                    |
|   | <b>Filing Date</b>          | June 12, 2001                 |                    |
|   | <b>First Named Inventor</b> | Fan et al.                    |                    |
|   | <b>Group Art Unit</b>       | 1653                          |                    |
|   | <b>Examiner Name</b>        | A. Desai                      |                    |
| <b>Total Number of Pages in This Submission</b> | 4                           | <b>Attorney Docket Number</b> | 21829/81 (EBC-006) |

## ENCLOSURES (check all that apply)

|  |   |  |
|--|---|--|
| <input type="checkbox"/> Fee Transmittal Form<br><input checked="" type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment / Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input checked="" type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Notice to File Missing Parts/Incomplete Application<br><input type="checkbox"/> A copy of the Notice to File Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application)<br><input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Declaration and Power of Attorney<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input type="checkbox"/> Application Data Sheet<br><input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures<br><input checked="" type="checkbox"/> A self-addressed, prepaid postcard for acknowledging receipt<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br><br>Check for \$120. to cover One-Month Extension of Time |
| <b>Remarks</b>   |   | <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 14-1138 for the above identified docket number.   |

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

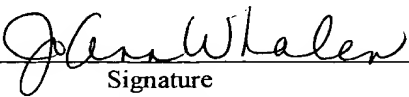
|                                |   |
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| <b>Signature</b>               |  Registration No. 30,727  |
| <b>Date</b>                    | December 23, 2004   |

## CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]

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Jo Ann Whalen  
Typed or printed name